operations targeted and performed under the programme during 1999-2000 & 2001 are as under:—

Year	Target	Performance	%
1999-2000	3500000	3500065	100.00
2000-2001	3690170	3644640	98.77
2001-2002	3931056	3725579	94.77

(c) The strategy being undertaken to meet the shortfalls in the implementation of the programme is as follows:

(1) Upgradation of Primary Health Centres, Rural Hospitals, District Hospitals, Medical Colleges and Regional Institutes of Ophthalmology to provide eye care facilities to the masses.

(2) Extend the coverage and upgrade the quality of surgery to reduce the backlog of untreated cataracts.

(3) Develop human resources and institutional capacity for eye care through training and supply of equipments and consumables.

(4) Promote public awareness and involve NGOs and private sectors in eye care delivery.

(5) Expand the programme to cover all causes of blindness.

Deficiencies in implementation of NTCP

463. SHRI K. RAHMAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the deficiencies noticed by the CAG in the implementation of the National Tuberculosis Control Programme and referred to in his brochure on the Audit Reports; and

(b) Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b)The deficiencies referred to by CAG-in his brochure on the audit report and Government's reaction thereto are given in Statement. (See below). Detailed reasons for the deficiencies pointed out by CAG in the audit report has already been given to CAG.

Statement

Deficiencies pointed out by CAG and Govts reaction thereto

Deficiencies pointed out by CAG in his brochure on the audit reports	Government's reaction thereto:
The reach of the programme was inadequate. The performance of *HTP* States was poor. Under RNTCP, the cure rale was below the stiputed rate. The defaulter rate could not be minimized.	The performance of NTP has been poor because of which the new revised strategy is under implementation. This programme started slowly but has progressed rapidly. In 1998, the coverage was 20 million which has not increased to 480 million. It is expected to increase to 800 million by 2004 and for the entire country by 2005. Under RNTCP, the cure rate is 84% against the target of 85% of new sputum positive cases. The defaulter rate is 7.8%. The success rate under RNTCP is also double to that achieved earlier which was around 40%.
The grants released to District Tuberculosis Control Societies were utilized only to the extent of 13 to 27 per cent during 1996-07 to 2000-01 Grants to DTCS for assistance to NGOs could only be utilized tothe extent of 12 per cent	Since the progress of the programme was slow, the utilization initially was poor. However, utilization is 71.48%. It is also ensured that minimum balances remain in districts. The NGO guidelines was finalized in 2000. Since then, considerable progress has been made in the involvement of NGOs in RNTCP and more than 500 NGOs are involved under the programme.
Management of drugs at MSDs/ States was not efficient Time *expired* anti-TB drugs worth	Some anf>TB drugs procured for the earlier years could not be utilized due to implementation of

Deficiencies pointed out by CAG in his brochure on the audit reports	Government's reaction thereto:
Rs. 1.87 crore were lying with MSDs/DTCs Substandard drugs worth Rs. 34.33 lakh had been purchased by different States/MSDs 46 utilization certificates involving grant of Rs. 52.33 crore for purchase of antt-TB drugs were not received. States are yet to send the utilization certificates. AH the States are reminded constantly to	RNTCP and expired. The cost of expired drugs is about 1% of the total cost of the drugs procured. The States are given cash assistance for purchase of anti-TB drugs for sputum negative cases. 23 utilization certificates involving Rs. 13.15 (15.6%) are remaining. In some cases the States are being quickly.
World Bank aid to RMTCP increased from Rs. 37.07 crore to 71.01 crore over the five years under review, while the Government's commitment level to the programme was limited to about 24 per cent of the expenditure in the same period. However, only 20 per cent of World Bank aid had been utilized after completion of tour years of the total project period of five years.	The World Bank Project component under RNTCP was Rs. 604 crores. Domestic share is calculated on the basis of rate of reimbursement This will always be less. As already explained. since the programme started slowly initially the utilization was low, Rs. 196.93 crores has been spent out of the project cost
Shortfall in supervisory visits undertaken by States ranged between 3 and 100 per cent No evaluation of the programme was done at State level.	Supervisory visits are being made in the States and this is one area Where the programme is being constantly monitored. A joint VwK>andGOIfeviewwasheUfi Feb., 2000 which reviewed the progressed the Programme in States and found it performance tobeexcetent